

Business Name

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser

Business Address (Number & Street)

Day Telephone (with Area Code)*

Check if Amendment

Business Address (City, State & Zin Code)

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov

(check if different than previously reported)

	101111111		
	Registration #		
	Report Quarter		
	Apr. 15,		
	☐ Jul. 15,		
	Oct. 15,		
	Jan. 15,		
·	Check If No Activity This		
	Quarter		
	FOR STATE USE ONLY		
_			
	Feet Annual Control		
	ELEC RECEIVED		
	1AN 5 0 2021		
	JAN 1 9 2021		

FORM FRO

Professional Campaign Fundraiser's Certification

Evening Telephone (with Area Code)*

I certify that the statements on this document are true and correct. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

ignature of Professional Campaign Pundraiser

Amendment (please specify)

Print Full Name of Professional Campaign Fundraiser

Please use a separate page for each candidate or committee					
Name of Recipier	nt Candidate or Committee				
Amount(a) Paiga	mon con Its	senson			
\$ \(\(\sigma \)	d This Period (Gross) Amount(s) Raised This Period	(Net) Compensation Received By	Fundraiser For This Period		
Specific Services			<u></u>		
	near and men	roed FID	~		
	100 tower 8 3		<u> </u>		
			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	ttemized Exper	nditures	· ,		
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT		
			\$		
			:		
	İ				
"Total" reflects all expenditures made on behalf of the candidate or committee named above. Total *					